



TEXAS LICENSE # SCR - G-1734091

Date: 10/03/2018

Fire Sprinkler Inspection and Service Contract

Mutual Sprinklers, proposes to the Panola County Detention and The Panola County Judicial Building to provide all labor and any needed maintenance, including inspections, at the following rates:

Property Location covered

108 S. Sycamore Carthage, TX. 75633

ps. ANNUAL INSPECTIONS

- Annual inspection of (2) Wet Sprinkler System, (3) Backflow Assemblies and (1) Fire Pump.

TOTAL PRICE = \$1,100.00 per Annual Inspection. Fire Sprinklers only.

An Hourly Rate of \$90.00 per hour with a two-hour minimum will be charged for any service work performed during normal working hours.

An hourly rate of \$135.00 per hour will be charged for any service work performed after normal working hours and holidays.

Any work to be performed outside of the work listed above must be pre-approved by owner. Owner will not be liable for payment for work outside of scope above unless pre-approval has been given in the form of a signed work order or proposal.

AFPG, shall maintain insurance in the following minimum amounts for the term of this agreement and any subsequent renewals. Mutual Sprinklers will provide evidence of this insurance to the customer at the onset of the agreement and at each subsequent renewal.

- a) Workers Compensation- Statutory Limits
- b) Employers Liability- \$1,000,000





- c) General Liability- \$1,000,000 Each Occurrence
- d) Umbrella/Excess Liability- \$5,000,000

The entire balance will be due within 30 (Thirty) days after completion. All work will be completed in a timely manner according to standard practices and current NFPA regulations. Any alteration or deviation from the above specifications involving extra cost will be executed only upon written order and will become an extra charge above this proposal. All agreements are contingent upon accidents or delays beyond our control. Property owner will have proof of all necessary insurance. Mutual Sprinklers, employees are fully covered by Workman's Compensation Insurance.

The term of this agreement shall be continuous, commencing on the date of this agreement, covering the period starting on the first day of <u>January</u>, <u>2019</u> and ending on the last day of <u>December</u>, <u>2020</u> or thereafter until terminated by (30) days written notice by either party to the other after this contract has been in effect for a minimum of one year.

This proposal may be withdrawn by AFPG, if not accepted within 60 days from the date of original submission.

Acceptance of Proposal

The above prices, specifications, and conditions are satisfactory and are hereby accepted. Authorization to perform these services will be granted upon signed proposal.

Panola County Detention and Panola County Judicial

Signature

Randy Bunn

Name

American Fire Protection Group

Phone: 903-939-2066 Fax: 903-939-2019

randy.bunn@afpgusa.us

Date

CERTIFICATE OF INTERESTEI	D PARTIES	FORM 1295			
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. AMERICAN FIRE PROTECTION GROUP		OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2018-420901			
			YLER, IX United States		Date Filed:
			Name of governmental entity or state agency that is a being filed.	party to the contract for which the form is:	10/31/2018
PANOLA COUNTY DETENTION		Date Acknowledged:			
Provide the identification number used by the government description of the services, goods, or other property the #2018-21	mental entity or state agency to track or identificobe provided under the contract.	y the contract, and provide a			
, ANNUAL FIRE INSPECTION					
4 Name of Interested Party	City, State, Country (place of busin	Nature of interest			
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UNSWORN DECLARATION		<u> </u>			
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My address is 12440 Husu IS		0211 PATZE -			
(street)	(cly) (s	state) (zip code) (ocumby)			
I declare under penalty of perjury that the foregoing is true	and correct.				
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Executed in SMITH	County, State of True on the	(month) (year)			
	Signature of authorized agent of con	itracting business entity			
	(Declarant)	Version V1.0.67			